

New Hampshire Retirement System

**CONTRIBUTION REPORTING FORM**

ACCOUNT NO: \_\_\_\_\_

PAGE: \_\_\_\_\_

FISCAL DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Social Security Number	Monthly Gross Wages	Regular Monthly Contributions	Members Name Last, Full First, Middle
_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____
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_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____
_____	\$ _____.	\$ _____.	_____